



SCHWEINFURT LEGAL CENTER CLAIMS OFFICE

POV SHIPMENT INSTRUCTION PACKET

Customer Service Hours:

1300-1630 Monday thru Thursday

1300-1500 on Friday

CLOSED ON ALL GERMAN AND AMERICAN HOLIDAYS

TO FILE A CLAIM AND STOP THE 2 YEAR DEADLINE (STATUTE OF LIMITATION), YOU MUST PROVIDE US WITH A WRITTEN DEMAND FOR COMPENSATION. HOWEVER, IN ORDER TO RECEIVE PAYMENT YOU MUST PROVIDE ALL OF THE FOLLOWING DOCUMENTS: (all necessary blank forms are enclosed in this packet)

DD FORM 1842

This form must be completed as demonstrated in the enclosed sample. Please complete all applicable blocks. The "amount claimed" block must show an amount in U.S. Dollars. The form must be signed and dated by the service member or authorized person. A statement from a service member authorizing the spouse to sign the claim for him/her suffices. All other authorized persons should present a power of attorney for this purpose. If the two year statute of finalizing your claim is approaching, and you do not have all other required documents in order, you can start your claim by filing this form only.

DD FORM 1844

A sample for this form is also enclosed. Please complete blocks 1 thru 13 on this form. Please ensure the first line of the blocks 5 thru 10 contain all information about your vehicle, i.e. year, model, purchase price and purchase date. Please list all damage to your vehicle by individual part line by line, i.e. all damage to the bumper on one line, on the next line, list all

[Updated April 2009]

damages to the roof, etc. Damage other than body damage, i.e. muffler, stereo, etc., should also be listed on a line by line basis. **DO NOT OBTAIN AN ESTIMATE OF REPAIR UNLESS DIRECTED BY THE CLAIMS OFFICE. The Claims Office must inspect your vehicle first.** This office cannot reimburse estimate fees if a repair estimate was obtained without instructions. If the damage to your vehicle is considered to be minor cosmetic damage (hairline scratches, small chips, surface scratches, etc.), repair cost will not be awarded but you can claim for a reasonable loss of value (LOV) to your vehicle. The LOV claimed cannot exceed \$100.00 per part of the vehicle. Please annotate "LOV" next to the amount claimed. If instructed to obtain a repair estimate, ensure it is itemized, meaning damage and repair cost to each part of the vehicle must be listed separately. If you have to pay estimate fees, ensure you keep the receipt and list it on DD Form 1844 to get reimbursed for it. If the repair shop deducts the estimate fee upon repair, we will not grant reimbursement. If you are unable to understand your estimate, please come to our office and we will help you to complete block 11.a on DD Form 1844. If you are claiming for the replacement of an item and the value of the item is \$100.00 or more, you need to substantiate this cost. The most valuable form of substantiation is the receipt for the item claimed. Cashed checks or credit card statements serve the same purpose. If you cannot furnish these documents, you still need to obtain a price quote. You may use our catalogs or ask the local PX, the AAFES garage or local merchants to quote the price for you. Under the NATO SOFA, you are not subject to the 19% Value Added Tax. This tax, even though it may be listed on your estimate, is not payable. For more information please obtain forms from the Tax Relief Office in Building 206 on Ledward Barracks.

VEHICLE INSPECTION AND SHIPPING FORM

You received this form when you turned in your vehicle at the port. Pre-existing damage to your vehicle and damage noted upon delivery was annotated on this form. When you turn in your claim, we will provide you with a copy of this form. You must keep this form in order to ship your vehicle back to the United States.

PCS ORDERS

We need a complete set of your orders authorizing shipment of your POV. They should include all orders transferring you from your old duty station to Schweinfurt.

USAREUR AUTOMOBILE REGISTRATION

Please bring us your USAREUR automobile registration. We will make a copy of it for your claim.

YOUR VEHICLE

We will inspect your vehicle for visible damage in order to determine if you have to provide an estimate of repair or if the damages are considered minor and cosmetic, in which case

an estimate of repair is not necessary and estimate fees claimed will not be reimbursed. The car should be clean so any damage is clearly visible.

PRIVATE INSURANCE

1. If you have private insurance covering your property during shipment, you **DO NOT HAVE TO FILE** with your private insurance company before you can be paid by the Army, **IF** your claim is for loss or damage to your personal property while it was being transported or stored at government expense. The change of policy is limited to this type of claim, because we can usually recover the amount paid to the claimant from the carrier or warehouse that is responsible for the loss or damage.

2. On all other types of claims for loss or damage incident to service (e.g. theft, vandalism, loss in quarters), you **MUST FILE** with your private insurance before you can be paid by the Army. If you do not file with your private insurance for these types of losses, you will not be paid by the Army for any item for which your private insurance might have paid.

3. You may not be paid by both the Army and your private insurance company for the same item. This would be unjust enrichment and possible fraud.

POWER OF ATTORNEY

Family members/authorized persons need to provide a Power of Attorney (POA) or a written statement (see outline DD Form 1842).

THIS CONCLUDES YOUR CHECK LIST

Just a few more things we want you to know:

REMEMBER: The accuracy of your paperwork will determine how quickly you receive a fair settlement for your loss/damage. Help us to help you. Should you have any questions or need assistance with your paperwork, do not hesitate to visit our office or call us at DSN **353-8809** or Civilian **09721-96-8809**.

MOST CLAIMANTS ARE HONEST. HOWEVER, CASES OF SUSPECTED FRAUD WILL BE INVESTIGATED THROUGH APPROPRIATE CHANNELS, AND MAY LEAD TO UCMJ ACTION.

BODY SHOPS/CAR DEALERS

NAME	ADDRESS	CITY	PHONE #
Peter Hellmuth	Alois Türk Strasse 30	Schweinfurt	09721-85080
Peter Hessler	Ludwigstrasse 28	Niederwerrn	09721-48518
KFZ Stephan	Hauptstrasse 1-3	Poppenhausen	09725-71220
Franco Angelicchi	Handwerkerstrasse 7	Sennfeld	09721-609448
Gäb (Seat)	Am Lagerhaus 1	Oberwerrn	09726-91010
Faber (Toyota)	Alte Bahnhofstrasse 2	Schweinfurt	09721-13330
Peter Bach (BMW)	Carl-Zeiss Str.9	Schweinfurt	09721-60681
Saalmüller (Ford)	Robert-Bosch-Strasse 14	Schweinfurt	09721-65040
Vossiek (VW/Audi)	Deutschhöfer Strasse 45	Schweinfurt	09721-717071
AAFES Garage	Conn Barracks	Schweinfurt	09721-82539
Auto Jacob (Chrysler)	Porsche Strasse 3	Schweinfurt	09721-76580

SADDLERY SHOPS

Burlein	Am Vogelschuss 13	Schweinfurt	09721-22988
Wehner	Lilienthalstrasse 10	Schweinfurt	09721-69448

THIS LIST IS PROVIDED AS A COURTESY TO OUR CUSTOMERS AND DOES NOT CONSTITUTE NOR SHOULD IT BE CONSTRUED AS A WARRANTY OR ENDORSEMENT OF THESE PRIVATE ORGANIZATIONS LISTED.

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE			
PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)			
1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, John R.		2. BRANCH OF SERVICE 3. RANK OR GRADE US ARMY SFC	
4. SOCIAL SECURITY NUMBER 000-00-0000		5. HOME ADDRESS (Street, City, State and Zip Code) GERMAN ECONOMY ADDRESS	
6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) UNIT, CMR #, BOX #, APO AE 00000		7. HOME TELEPHONE NO. (Include area code) 00000-000000	
8. DUTY TELEPHONE NO. (Include area code) 000-0000		9. AMOUNT CLAIMED \$0.00	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) FILL IN THE BLANK SPACES ON THE ORIGINAL DD FORM 1842 WITH INFORMATION PERTAINING TO YOUR MOVE. PURSUANT TO ORDERS TRANSFERRING ME FROM FORT _____, TO SCHWEINFURT, GE, I TURNED IN MY VEHICLE AT _____ ON _____ I PICKED UP MY VEHICLE AT SCHWEINFURT, GE, ON _____. DAMAGE WAS NOTED AND VERIFIED ON THE VEHICLE INSPECTION AND SHIPPING FORM BY SCHWEINFURT PROCESSING PERSONNEL.			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)		YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)			
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.			
17. SIGNATURE OF CLAIMANT (or designated agent)		18. DATE SIGNED (YYYYMMDD) 00000000	
PLEASE SIGN HERE			
PART II - CLAIMS APPROVAL (To be completed by Claims Office)			
19. PROCEDURE (X one)		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	
a. SMALL CLAIMS		\$	
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER		c. REVIEWING AUTHORITY	
b. DATE SIGNED (YYYYMMDD)		d. DATE SIGNED (YYYYMMDD)	
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	
g. DATE SIGNED (YYYYMMDD)		h. DATE SIGNED (YYYYMMDD)	

S A M P L E

1. NAME OF CLAIMANT (Last, First, Middle Initial) DOE, John R.			3. PICK-UP DATE (YYYYMMDD) COMPLETE			LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)											
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD) COMPLETE			14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR					
a. NAME IF APPLICABLE			b. POLICY NO.			15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER					
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost (or) b. Replacement Cost	16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY			
1	1	2004 BMW 325		35000.00	Jan 04	524.00											
2		4 dents on front of hood				276.00											
3		scratch down to metal on driver's side door				50.00 (LOV)											
4		small chip top left corner of windshield				45.00											
5		1st aid kit - missing			Jan 04	45.00											
6		Estimate fees				35.00											
12. REMARKS AMOUNTS MUST BE IN US DOLLARS =====						13. TOTAL	\$	30. TOTAL AMOUNT ALLOWED	\$	31. THIRD PARTY LIABILITY	\$	\$	\$	\$			
						930.00											

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial)	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS (Street, City, State and Zip Code)		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code)	
7. HOME TELEPHONE NO. (Include area code)	8. DUTY TELEPHONE NO. (Include area code)	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)			
<p>PURSUANT TO ORDERS TRANSFERRING ME FROM FORT _____,</p> <p>TO SCHWEINFURT, GERMANY.</p> <p>I TURNED IN MY POV AT _____ ON _____.</p> <p>I PICKED UP MY POV AT SCHWEINFURT, GERMANY ON _____.</p> <p>DAMAGE WAS NOTED AND VERIFIED ON THE VEHICLE INSPECTION AND SHIPPING FORM BY SCHWEINFURT PROCESSING PERSONNEL.</p>			

11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)	YES	NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)		
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)		
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)		

16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:

If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.

I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.

I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.

17. SIGNATURE OF CLAIMANT (or designated agent)	18. DATE SIGNED (YYYYMMDD)
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PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one)	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:		\$
a. SMALL CLAIMS			
b. REGULAR CLAIMS			
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY	f. SIGNATURE OF APPROVING AUTHORITY		g. DATE SIGNED (YYYYMMDD)

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (<i>X if applicable</i>) The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.		24. SUPPLEMENTAL PAYMENT (<i>X and complete if applicable</i>) The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated: \$	
25. SIGNATURES			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
25. APPROVING/SETTLEMENT AUTHORITY (<i>Settlement Authority is required for denial.</i>)			
a. TYPED NAME	b. GRADE	b. SIGNATURE	c. DATE SIGNED (YYYYMMDD)

BANK PAYMENT INFORMATION

(EFT)

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 USC 3322 and CFR 210. This information will be used by the Treasury Department to transmit payment data by electronic means to your financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Electronic Funds Transfer method.

1. I request my claim payment to be sent to the Financial Institution listed below.
(Payment will not be processed until all blanks are filled in properly and service member initialed all blocks.)

2. INSTRUCTION:

Must initial on each line of account information for verification.

NAME OF ACCOUNT HOLDER (CLAIMANT) _____

() BANK NAME: _____
Initials

() ROUTING NUMBER: _____
Initials

() ACCOUNT NUMBER: _____
Initials

() CHECKING () SAVINGS ****INITIAL ONE****

3. I acknowledge the above account information is accurate and that my bank account will remain open.

4. I understand that I am responsible for notifying the Finance Office if my account information changes.

X _____
SIGNATURE

X _____
PRINT LAST NAME, FIRST, MIDDLE INITIAL

X _____
SSN

X _____
DATE

X _____
PHONE NUMBER

EMAIL ADDRESS: _____